Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>5/11/08</u> Case #: <u>42.2</u> 8-3/7	Address:	11926 W Show Ro
Case #: 42.25-3/7		Deputy /N
County: Jefluson		_1126 W Show Ro Deputy ln 47230
Type of Laboratory Seizure (check one)	Seizure Location (theck all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)	Residence Outbuilding Vehicle	☐ TTotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open ai (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s):	r. etc)	
Corrosive Acid:		
Other (item and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	Ephedrin	e Information c/Pseudoephedrine Tracking Log etchant Tip
This report is to be faxed to the following agencies that serve the location:		
Fire Department: Department: VFO Health Department: Jeffror Co Child Protection Service: NA	Fax:	US MAIC
Health Department: Jeffrom Co	Fax: Fax: Fax:	/ US prime
Child Protection Service:		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone 1/2 - 689-5000		

This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.